Appendix J: Completing Claim Form UB-04

The following instructions explain how to complete the UB-04 claim form and the "approved" form must be used when billing. The form will say "Approved OMB No. 0938-0997" on the bottom left hand corner. The instructions should be used to supplement the information in the National Uniform Billing Committee (NUBC) official UB-04 Data Specifications Manual. For fields that are situational and for code usage details not covered below please refer to the NUBC Manual.

Note: This guide applies only to paper UB-04 claims submitted to Medical Assistance. For information on HIPAA-compliant 837 transactions, please consult the appropriate companion documents for 837 transactions available on the Agency HIPAA website.

Note: All claims submitted to Washington State Medicaid to the ProviderOne system will require a taxonomy code for the Billing Provider. In form locator 81, Code B3 (qualifier) is to be entered in first (small) space and the provider taxonomy code is to be entered in the (second) large space. The third space should be blank.

Form Locator	Name	Action
1	Billing Provider Name	Line 1: Provider Name Line 2: Street Address or Post Office Box Line 3: City, State, and Zip Code plus 4 Line 4:Telephone (& Fax)
2	Pay-to Name and Address	Report only if different than form Locator 1.
3a	Patient Control Number	Enter patient's unique (alpha and/or numeric) number assigned by the provider. This number will be printed on the Remittance and Status Report (RA) under the heading Patient Account Number.
3b	Medical/Health Record Number	Optional item. Enter alpha and/or numeric characters only. This entry is not returned on the RA.
4	Type of Bill	ProviderOne uses the Type of Bill for adjudication and pricing. The ProviderOne recommended TOBs are: Hospice 81X, 82X Home Health 32X, 33X, 34X Kidney Center 72X Inpatient Hospital 11X Outpatient Hospital 13X Nursing Home 21X Swing Bed 18X FQHC Crossover 77X RHC Crossover 71X
5	Federal Tax Number	Enter the federal tax identification number.

Form Locator	Name	Action
6	Statement Covers Period	Enter the from and through dates of service (MMDDCCYY). Overlapping fiscal/calendar years do not require split billing.
8a	Patient Name/Identifier	Enter the patient's ProviderOne Client ID. (123456789WA)
8b	Patient Name/Identifier	Enter the last name, first name, and middle initial of the client receiving services exactly as it appears on the client services card or other proof of eligibility. If billing for a baby on mom's ID enter the baby's name here. If the baby is un-named use the mom's last name and "baby" as the first name. **Note:** be sure to insert commas separating sections of the name!
9	Patient Address	Enter the address of the client who received the services.
10	Birthdate	Enter in the patient's date of birth in the following format: MMDDCCYY. (Example: 05102003 for May 10, 2003.) If billing baby on mom's ID enter the baby's birth date instead.
11	Sex	Indicate if the patient is male (M) or female (F). If billing baby on mom's ID enter the baby's sex here.
12	Admission Date	Indicate the start date of Admission.
13	Admission Hour	Enter the code for the hour of admission converted to 24 hour time as shown below: CODE TIME AM CODE TIME PM 00 12:00-12:59 12 12:00-12:59 (Midnight) (Noon) 01 01:00-01:59 13 01:00-01:59 02 02:00-02:59 14 02:00-02:59 03 03:00-03:59 15 03:00-03:59 04 04:00-04:59 16 04:00-04:59 05 05:00-05:59 17 05:00-05:59 06 06:00-06:59 18 06:00-06:59 07 07:00-07:59 19 07:00-07:59 08 08:00-08:59 20 08:00-08:59 09 09:00-09:59 21 09:00-09:59 10 10:00-10:59 22 10:00-10;59 11 11:00-11:59 23 11:00-11:59 Refer to the NUBC manual for more information.
14	Priority(Type) of Visit	Required when patient is being admitted to the hospital for inpatient services. Refer to the NUBC manual for more information.
15	Admission Source	Indicate the source of referral for admission or visit. Refer to the NUBC manual for more information.
16	Discharge Hour	Enter the hour of discharge. Refer to the 24-hour time as shown in the coding table for Form Locator 13 and the NUBC manual for more information.

Form Locator	Name	Action
17	Status	Enter the code indicating patient status as of the discharge date. Refer to the NUBC manual for more information.
18-28	Condition Codes	*See NUBC Manual for Codes other than below:* Washington State assigned Condition Codes: Trauma: Qualified Trauma cases are identified by the following Codes TP Indicates a pediatric client (through age 14 only) with an Injury Severity Score (ISS) in the range of 9-12 TT Indicates a transferred client with an ISS that is less than 13 for adults or less than 9 for pediatric clients TV Indicates an ISS in the range of 13 to 15 TW Indicates an ISS in the range of 16 to 24 TX Indicates an ISS in the range of 25 to 34 TY Indicates an ISS in the range of 35 to 44 TZ Indicates an ISS of 45 or greater
29	Accident State	If applicable, enter the state in which the accident occurred. (Example: OR, CA, etc.)
31-34	Occurrence Code and Dates	Refer to the NUBC manual for more information. Not required on a Hospice, Kidney center, Home Health or SNF claims.
35-36	Occurrence Span Codes and Dates	Refer to the NUBC manual for more information.
38	Responsible Party name and address	Enter the information for the claim addressee.

Form Locator	Name	Action
39-41	Value codes and Amounts	See NUBC Manual for Codes other than below: **Value Code 66** for EMER patient liability on Inpatient Hospital claims, then enter the Patient Participation Amount. . **Value Code 66** for Spenddown on Institutional Hospital claims, then enter the Patient Participation Amount **Value Code 24**-Enter this code in the code field with the Patient Class immediately following in the amount field. See page C.1 in the Nursing Facilities billing instructions for valid Patient Class codes. (e.g., 20.00=class code 20). **Value Code 31-**Enter this code in the code field with the Patient Participation amount for the entire month immediately following in the amount field. (Nursing Home claims only.) **Value Code 54 -** Enter this code in the code field with the newborn birth weight in grams in the amount field (no decimals). Right justify the weight in grams to the left of the dollars/cents delimiter. (If billing software requires the decimal in Value Code field, enter the weight in grams then decimal point 00. Example 2499.00)
42	Revenue Code	Revenue Codes must be valid for the Type of Bill or facility. For example, revenue code usage for Hospice may differ from a hospital. a. For Hospice, Home Health, Kidney Center and Nursing Home billing see the individual Billing Instructions. b. For Inpatient and Outpatient Hospital services see Medical Assistance Revenue Code Grid. c. On the final page of your claim, form locator 42, line 23 will require rev code 0001 with your claim total in form locator 47 line 23.

Form Locator	Name	Action
43	Description	Enter a written description of the related revenue categories included on the bill. The Agency is collecting NDC information on Centers for Medicare and Medicaid Services designated, physician administered drugs in the outpatient hospital setting and for Kidney Centers (revenue Codes 0634-0637 drugs with procedures). See the Physician Related MPG for the description of the NDC reporting format criteria. When reporting a drug, enter identifier N4, the eleven-digit NDC code, Unit Qualifier, and number of units from the package of the dispensed drug for the specified detail line. Do not enter a space, hyphen, or other separator between N4, the NDC code, Unit Qualifier, and number of units. Refer to the NUBC manual for more information.
44	HCPCS/RATE/HIPPS Codes	When applicable, enter the HCPCS/CPT/RATE codes. Outpatient HCPCS – see Revenue Code Grid for Revenue code/HCPCS combination requirements. Inpatient Rates – required when a room and board revenue code is reported Modifiers are entered in this field when applicable attached to the qualifying code line.
45	Service Date	Required on outpatient hospital, Kidney Center, Hospice, Nursing Home, and Home Health claims. On each line, enter the date of service.
46	Service Units	Enter the units of service for each revenue code. Please do not use decimal points. (e.g. 1 unit = 1)
47	Total Charges	Enter the total charge for each revenue code or procedure code entry. Line 23: This entry must be the sum of the individual charges.
48	Non-Covered Charges	Enter the amount required by contract with the Agency. Enter charges for non-covered services performed during the stay or charges paid by another payer (Medicare) when all services must be reported on the inpatient claims.
50 a-c	Payer Name	Enter Washington Medicaid for the Medicaid payer identification. Enter the name of the third party payer if applicable: 50a–Primary Payer. 50b–Secondary Payer. 50c–Tertiary Payer
51	Health Plan ID	For Washington Medicaid leave blank. Enter the health plan identification number (if known) in 51 a, b, c depending on whether the insurance is primary, secondary, or tertiary.

Form Locator	Name	Action
52 a-c	Release of Information Certification Indicator Required	Indicate whether the patient or patient's legal representative has signed a statement permitting the provider to release data to other organizations**.** The Release of Information is limited to the information carried on the claim. I = Informed Consent to Release Medical Information. (Required when the provider has not collected a signature and state or federal laws do not supersede the HIPAA Privacy Rule by requiring a signature be collected.) Y = Yes, Provider has a Signed Statement Permitting Release of Medical Billing Data Related to a Claim. Refer to the NUBC manual for more information.
53 a-c	Assignment of Benefits Certification Indicator Required	No data available.
54 a-c	Prior Payments	Enter the amount that has been received (if any) toward payment of the claim from an insurance carrier prior to billing the Agency.
55	Estimate Amount Due	The amount estimated by the provider to be due from the indicated payer (estimated responsibility less prior payments)
56	NPI	Enter the NPI for the billing provider. For more information on taxonomy codes, please see Appendix L.
57 a-c	Other Billing Provider ID	A unique identification number assigned to the provider submitting the bill by the health plan. Not Required. Agency does not assign nor require unique identification number other than NPI.
58 a-c	Insured's Name	Enter the insured's last name, first name, and middle initial exactly as it appears on the client services card or other proof of eligibility. **Note:** be sure to insert commas separating sections of the name! If the recipient is covered by insurance other than Medicaid, enter the name of the individual in whose name the insurance is carried. Carry through the payer line scheme reported in Form Locator 50 A-C. Refer to the NUBC manual for more information
59 a-c	Patient's Relationship to Insured	Enter 18 when the subscriber is the same person as the patient. If the subscriber is not the same person as the patient, do not use this field.

Form Locator	Name	Action
60 a-c	Insured's Unique ID	Enter all of the insured's unique identification numbers assigned by any payer organizations. Carry through the payer line scheme reported in Form Locator 50 A-C. Enter the ProviderOne Client ID exactly as it appears on the Medicaid ID card or other proof of eligibility. Example: 123456789WA). Refer to the NUBC manual for more information
61 a-c	Group Name	Refer to the NUBC manual
62 a-c	Insurance Group Number	Refer to the NUBC manual
63 a-c	Treatment Authorization Codes	Enter the Prior Authorization (PA) number issued by the Agency or Expedited Authorization Number (EPA) located in the appropriate program billing instructions for the billed service if required. Carry through the payer line scheme reported in Form Locator 50 A-C If the claim meets the qualifications for Medical Inpatient Detox (MID) use the following EPA numbers. Please see the Inpatient Hospital Billing Instructions for additional information. • Acute alcohol detoxification use 870000433 • Acute drug detoxification use 870000435
64 a-c	Document Control Number	When applicable. If this billing is being submitted beyond the 365-day billing time limit, enter the TCN that verifies that the claim was originally submitted within the time limit. (The TCN number is the claim number listed on the Remittance Advice.) Also put TCN numbers in this field for adjusting or voiding claims. They must be in the following format: ▪ 7-300629600000340000-(replace/adjustment) ▪ 8-300629600000340000 (void/cancel)
65 a-c	Employer Name	If applicable, enter the employer name of the insured. Carry through the payer line scheme reported in Form Locator 50 a-c.
66	Diagnosis and Procedure Code Qualifier	Required. Enter the qualifier that identifies the version of the International Classification of Diseases (ICD) reported: 9 – Ninth Revision 0 – Tenth Revision
67	Principal Diagnosis Code	Principal Diagnosis Code (the condition established after study to be chiefly responsible for causing the use of facility services) Required: • Present on Admission (POA) Indicator - See NUBC Manual for usage guidelines • Review the Inpatient billing instructions for additional information http://www.hca.wa.gov/medicaid/billing/pages/hospital_inpatient.aspx

Form Locator	Name	Action
67a-q	Other Diagnosis Codes	Enter the most specific ICD diagnosis codes that correspond to additional conditions that co-exist at the time of service or affect the length of stay. • For newborns, include the appropriate birth weight code (765.11 to 765.199) • POA Indicator for applicable secondary diagnosis • Refer to the NUBC manual for more information
69	Admitting Diagnosis Code	Enter the presenting symptom (diagnosis) and the reason for the patient's visit. Refer to the NUBC manual for more information
70a-c	Patient's Reason for Visit	Refer to the NUBC manual for more information
72a-c	External Cause of Injury	Refer to the NUBC manual for more information
74	Other Procedure Codes and Date	**Inpatient**: Enter the code identifying the principal ICD surgical or obstetrical procedure and the date on which either was performed. Enter the date in MMDDYY format Refer to the NUBC manual for more information
74a-e	Other Procedure Codes and Date	**Inpatient**: Enter the codes identifying all other significant procedures performed during the billing period covered by the claim and the dates on which the procedures were performed. Refer to the NUBC manual for more information
76	Attending Provider Name and Identifiers	Enter the NPI number for the attending physician (the physician primarily responsible for the care of the patient) or the resident physician. The NPI number of the Advanced Registered Nurse Practitioners (ARNPs) may also be reported in this form locator if they were primarily responsible for services in the hospital setting. Report in this Form Locator the NPI number of the physician ordering lab tests or X-ray services. **Note:** All providers reported here must be enrolled as a Washington State Medicaid Provider.
77	Operating Physician Name and Identifiers	Required. Enter the NPI number for the operating physician when a surgical procedure code is listed on the claim. **Note:** All providers reported here must be enrolled as a Washington State Medicaid Provider.
78-79	Other Provider (Individual) Name and Identifiers	Enter the NPI number of other treating providers or the referring provider. Enter the NPI number for a Primary Care Case Management, or Skilled Nursing Facility. **Note:** All providers reported here must be enrolled as a Washington State Medicaid Provider.

Form Locator	Name	Action
80	Remarks	Enter any comments that would help in processing a claim for payment. Possible comments include: ▪ SCI =B – Baby on Moms ID ▪ SCI =I – Involuntary Treatment Act (ITA) ▪ SCI =V – Voluntary Treatment ▪ Twin A, Twin B; Triplet A, Triplet B, Triplet C when using baby on moms ID **Note:** Baby on Mom's Client ID can only be used during the first 60 days of baby's life. Refer to the NUBC manual for more information.
81 a-d	Code-Code	The Billing provider's NPI entered in Form Locator 56 is mapped to a taxonomy code (s) that is needed to identify the provider in the ProviderOne claims processing system. The provider must enter qualifier code B3 and the reported taxonomy code in this Form Locator that corresponds to the service billed on this claim. For any other code qualifiers, please refer to the NUBC manual.